UNITED
NATIONS

E

Economic and Social Council

Distr.
GENERAL

E/CN.3/1993/18
20 January 1993

ORIGINAL: ENGLISH

STATISTICAL COMMISSION
Twenty-seventh session
22 February-3 March 1993
Item 13 (b) and (c) of the
provisional agenda*

TECHNICAL COOPERATION: NATIONAL HOUSEHOLD SURVEY CAPABILITY PROGRAMME (NHSCP)

SOCIAL DIMENSIONS OF ADJUSTMENT (SDA) PROGRAMME AND THE LIVING STANDARDS MEASUREMENT STUDY (LSMS)

Joint report of the Secretary-General and the World Bank

SUMMARY

This paper updates the information contained in documents E/CN.3/1991/26 and E/CN.3/1991/27 presented to the twenty-sixth session of the Commission by the Secretary-General and the World Bank respectively. The report reviews progress in the implementation of the National Household Survey Capability Programme (NHSCP), the Living Standards Measurement Study (LSMS) and the Social Dimensions of Adjustment Programme (SDA).

The review of NHSCP in Section II (paras. 5-28) presents progress in country participation during 1991-1992 (paras. 5-10), an account of activities in the technical cooperation field including technical support services for country projects (paras 11-12), a discussion of interregional, regional, subregional and national workshops and seminars (paras. 13-20), the highlights of the review of the NHSCP from 1979 till now (paras. 21-27) and suggestions arising out of this review for the future of the programme (para. 28).

* E/CN.3/1993/1.

93-03584 3982e (E) 040293 08/02/93

/...

The review of LSMS in Section III (paras. 29-37) and SDA in Section IV (paras. 38-53) highlights implementation as well as methodological issues pertaining to these two programmes. It underlines the measures being taken by the two programmes to build up and strengthen national capabilities to collect, process and analyse statistical information.

The paper also underlines the measures taken by the three programmes to strengthen coordination, both at the international as well as at the country levels (paras. 54-59).

CONTENTS

		Paragraphs	Page
I.	INTRODUCTION	1 - 4	4
II.	NATIONAL HOUSEHOLD SURVEY CAPABILITY PROGRAMME	5 - 28	4
III.	LIVING STANDARDS MEASUREMENT STUDY PROGRAMME	29 - 37	11
IV.	SOCIAL DIMENSIONS OF ADJUSTMENT PROGRAMME	38 - 53	14
V.	COORDINATION WITH OTHER AGENCIES AND DONORS	54 - 59	18
VI.	CONCLUSIONS	60 - 63	20

I. INTRODUCTION

1. At its fourteenth session, the Working Group on International Statistical Programmes and Coordination requested the Statistical Division of the United Nations Secretariat and the World Bank to prepare jointly two reports for the twenty-seventh session of the Statistical Commission. This paper is the first of the two reports requested and is for information purposes only. It updates the information contained in two documents (E/CN.3/1991/26 and E/CN.3/1991/27) presented to the twenty-sixth session.

2. The NHSCP was established in 1979 with the objective of assisting countries in the region to collect, process, analyse and disseminate household survey data to various users. At the same time, it was also intended that national capability building should remain a primary and continuing objective of the Programme.

3. The LSMS programme was initiated in 1980 as an effort to capture the many dimensions of living conditions using integrated, multi-topic, household surveys. At its inception, the LSMS had a strong experimental and research orientation. Much of the then innovative work has become standard practice in a number of developing countries.

4. The LSMS also strongly influenced the design and development of the Social Dimensions of Adjustment (SDA) programme which was launched in July 1987 by the UNDP Regional Programme for Africa, the African Development Bank, and the World Bank in collaboration with other multilateral and bilateral agencies. The programme objective was to strengthen the capacity of Governments in the sub-Saharan African region to integrate social dimensions in the design of their structural adjustment programmes. The programme was made up of several components, namely, strengthening national planning capabilities, improving the design of social policies and projects, and building appropriate information bases.

II. NATIONAL HOUSEHOLD SURVEY CAPABILITY PROGRAMME

Progress in country participation

5. By the end of 1992, 50 countries were participating in NHSCP. These countries are listed below by year of entry into the Programme and region (of the world):

Year	Africa	West Asia	Asia and the Pacific	Latin America and the Caribbean
1980	Kenya		Sri Lanka	Nicaragua
1981	Ethiopia Malawi	Yemen	Thailand	
1982	Cameroon Mali	Jordan		
1983	Benin Botswana Lesotho Morocco Zambia Zimbabwe	Bahrain	Mongolia	Peru
1984		Syrian Arab Republic	Samoa	
1985			Bangladesh Pakistan	
1986				Guatemala Costa Rica Honduras
1987	Ghana Sierra Leone			
1988	Sudan			
1989	Mauritania Nigeria Swaziland			Cuba Panama
1990	Algeria Angola Mozambique Niger Rwanda Tanzania		Fiji	Bolivia Ecuador Jamaica
1991	-			
1992	Burkina Faso Guinea Seychelles			Guyana Cayman Islands

The above list excludes Cyprus which is classified under Europe and joined the Programme in 1983.

Thus the regional distribution of NHSCP countries up to now is: Africa (26), Europe (1), West Asia (4), Asia and the Pacific (7) and Latin America and the Caribbean (12). As stated in the last progress report submitted to this Commission at its twenty-sixth session (E/CN.3/1991/26), twelve of the participating countries (Bahrain, Botswana, Cameroon, Cyprus, Ethiopia, Jordan, Kenya, Malawi, Peru, Syrian Arab Republic, Thailand, Zimbabwe) had been transferred to the maintenance phase of the Programme.

6. Five new countries (Burkina Faso, Cayman Islands, Guinea, Guyana and Seychelles) joined the Programme during 1991-1992. The Guyana Survey Programme is currently being conducted within a UNDP funded project which aims at assisting the Guyana Government in establishing an integrated statistical system to produce the statistical data required for planning, management and monitoring its economic recovery and development. In its first phase, family income and expenditure with special modules, labour force and employment, women and rural population will be covered. Seychelles will continue with a programme of income and expenditure as well as labour force surveys. Cayman Islands had scheduled a household income and expenditure survey in 1992 and an annual population and labour force survey. Guinea conducted a demographic and health survey in 1992 while Burkina Faso had planned a demographic survey for 1992.

7. Meanwhile, the Comoros, the Congo, Romania and Tunisia are also ready to join. Djibouti and Cape Verde have over the years received substantial technical backstopping from ECA but no formal application to join NHSCP has ever been received. The Philippines has also received technical support services from the Central Coordinating Unit (CCU). Albania has expressed interest in the Programme.

8. It should be noted that the small number of countries that joined since February 1991 is due to NHSCPs Central Coordinating Unit's (CCU) strategy of consolidating work in the countries already covered rather than increasing the number of countries under NHSCP without being able to provide adequate support services. There are still a number of countries with Government approved programmes but without firm financial commitments. These include Afghanistan, Argentina, the Dominican Republic, Egypt, Oman, Senegal and the United Arab Emirates.

9. At its twenty-sixth session, the Commission was informed of two possible subregional programmes: one for the Caribbean and the other for the South Pacific. Although a project for the Caribbean was prepared and approved by the Standing Committee of Caribbean Statisticians, no funding has been found and so it has not taken off. The second project for the South Pacific has not yet been formulated. The Eighth South Pacific Commission (SPC) Regional Conference of Statisticians in February 1991 examined the feasibility of carrying out this subregional project and recommended that the SPC investigate the development of a regional approach to establish a resource base that would be available to assist countries in the development and conduct of household surveys. The required resource base has not been established. However, two of the member States of the Commission (Fiji and Samoa) have already joined NHSCP.

10. The new country survey programmes continue to illustrate the great diversity in the subject mix of surveys, from demography to income and expenditure.

Technical cooperation

11. The NHSCP was envisaged as a major technical cooperation project in the statistical field. The CCU and the regional commissions during 1991-1992 continued to provide assistance in project reformulation/formulation, project review, technical support services, monitoring and evaluation and in the organization and conduct of workshops. In 1991, 86 such missions were undertaken. The final figure for 1992 is expected to be about the same. Almost all the 50 countries in the Programme received assistance during the period under review.

12. External contributions to the cost of surveys in NHSCP participating countries for the period under review was about $8 million. The principal donors were the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and the United States Agency for International Development (USAID). UNDP assisted a number of countries including Guyana, Mali, Nicaragua, Niger, Pakistan and Sierra Leone while UNFPA mainly assisted Guinea and Burkina Faso. USAID made a significant financial contribution to the survey programme in Pakistan. From October 1979 to December 1992 about $50 million had been contributed from external sources to survey programmes in the 50 countries participating in the NHSCP.

Training, workshops and seminars

13. NHSCP continued to emphasize formal and informal training as part of its main activities. The NHSCP Training Programme in New Delhi was wound up in December 1990 after 208 persons had been trained. These comprised 91 in sampling and survey methodology, 95 in data processing and 22 as trainers (10 in sampling and survey methodology and 12 in data processing). In place of a terminal report, the CCU of NHSCP was requested to make an assessment of the NHSCP training project in New Delhi.

14. The consultant who undertook the task reached the conclusion that in general the project had met its objectives. Although initially the courses were meant for senior and middle level professionals, in practice only middle level professionals participated. He found the training given by the New Delhi Centre cost-effective and a good illustration of technical cooperation among developing countries (TCDC). He recommended that the courses should be taken over by the Statistical Institute for Asia and the Pacific (SIAP) but that if SIAP was unable to do so steps should be taken to continue the arrangements with the Government of India with regard to the New Delhi Centre. SIAP has not been able to take over the courses previously run at the New Delhi Centre and thus it would be appropriate for negotiations to be entered into with the Government of India and donors to continue the training in New Delhi.

15. Various workshops were also convened during the period under review. In the United Nations Economic Commission for Latin America and the Caribbean (ECLAC) Region, two workshops were convened in Caracas, Venezuela in May and San José, Costa Rica in June 1991 on the development and application of sampling frames and sample designs for integrated household survey programmes in Latin America. Topics covered included sample frame construction, sampling units, Primary Sampling Unit (PSU) information, stratification, frame sources and characteristics, frame maintenance and problems, general sample design issues, multi-stage and multi-round sampling, field issues and computer applications. There were 57 participants from 20 countries, excluding observers and consultants. The participants found the workshops useful.

16. The CCU in collaboration with the League of Arab States convened a second meeting of the PAPCHILD Expert Working Group on data analysis in New York, 19-20 February 1991. The meeting discussed the framework for data analysis and the country principal report in respect of the PAPCHILD maternal and child health (MCH) survey. The final version of the publication Guidelines for Data Analysis and Principal Report 1/ was issued after that meeting. In May 1992, the CCU again in collaboration with the League of Arab States and with the financial support of UNFPA convened a three-day technical meeting in Cairo for users and producers of MCH information for policy formulation and programming. The meeting discussed methods and strategies for programmes and policies in the region with respect to MCH and to the establishment of health information systems. It concluded that developing a dynamic information system would provide the data needed for setting priorities, managing services, monitoring programmes and assessing their impact.

17. The CCU in collaboration with the United Nations Economic and Social Commission for West Asia (ESCWA) convened in Cairo a regional workshop for senior statisticians on guidelines on household surveys on health, assessing nutritional status of young children, literacy, energy consumption and statistics on women. The workshop which was held from 10-23 December 1992 - used inter alia six technical studies of the NHSCP as background documentation. These are Guidelines for Household Surveys on Health (draft), Assessing the Nutritional Status of Young Children through Household Surveys, 2/ How to Weigh and Measure Children, 3/ Measuring Literacy Through Household Surveys, 4/ Household Energy Consumption Surveys in Developing Countries 5/and Improving Statistics and Indicators of Women Using Household Surveys. 6/ With the exception of the third and last publications which are available in Arabic and the second which is to be issued in Arabic shortly, none of the other remaining publications are available in Arabic. As the preferred language of ESCWA is Arabic, it would help if funds could be made available for translation of the remaining studies.

18. The United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) organized a seminar at Bangkok (20-24 May 1991) on the use of multi-round surveys for estimating vital rates.

19. A Southern African Regional Workshop on Household Surveys was also convened in Mbabane, Swaziland, 16-18 December 1992.

20. The NHSCP laid emphasis on producer-user interactions. At the national level, a number of producer-user seminars on use of household survey data were held. A few examples are given below. Bangladesh, Sierra Leone and Zambia held such seminars or workshops. They were devoted to a discussion of the uses of survey data and in all three cases users prepared papers illustrating either the actual or potential uses of the data from their own working experience.

Review of NHSCP 1979-1992

21. At the request of the United Nations Development Programme (UNDP), a review of NHSCP was undertaken by a consultant appointed by the Statistical Division. A copy of the review is available on request from the Director of the Statistical Division. The consultant reviewed the history of NHSCP, referring to a number of international meetings which preceded NHSCP and which had discussed many of the issues that the Programme had to deal with. In particular, these discussions had focused on core questionnaires, permanent vs temporary enumerators, topics to be covered in household surveys, alternative methods of data collection, integration of statistical data and the building of durable statistical infrastructures.

22. In the review, the main conclusions and recommendations of an interim evaluation team that was appointed in 1986 by the UNDP are recalled and the response of the CCU to them are examined. The interim evaluation team had recommended, inter alia, that the completion of existing approved programmes should receive priority, the CCU and household survey units of regional commissions should be restored to full strength, and there should be continued and expanded multilateral and bilateral support for national household surveys. It also recommended that the CCU should produce "how-to-do-it" manuals in place of its more formal technical and methodological studies. The Programme Review Committee (PRC) of NHSCP accepted most of the recommendations of the interim evaluation team. For example, the technical studies are now being prepared as manuals.

23. The review also covered the period 1986-1992. The report examined the implementation of the survey programmes in 50 countries in the Programme including 26 which joined after 1985. It also examined reports of evaluation missions undertaken mainly by independent experts to Bangladesh, Botswana, Guatemala, Lesotho, Mali, Morocco, Pakistan, Zambia and Zimbabwe. Problems encountered by countries in implementing their survey programmes include a lack of strong commitment to statistics by Governments, inadequate donor support, failure to present results of surveys in an attractive way, lack of coordination in some countries between different producers of survey data, timeliness, quality of results, delays due to data-processing bottlenecks and unsatisfactory dissemination of survey findings.

24. The review also discussed the technical studies undertaken so far. Sixteen publications had been issued, though not all were prepared by the CCU. Four new publications are in their final draft form and are expected to be published shortly. They are: Guidelines for Household Surveys on Health;

Sampling Errors in National Household Surveys; Sampling Rare and Elusive Populations; and Guidelines for Preparation of Survey Reports and Dissemination of Data.

25. A number of examples of technical cooperation among developing countries in the context of NHSCP was also cited in the review. These included experts from Morocco to Cape Verde, Tunisia to Algeria and Tunisia to Morocco. Funds were made available for these experts to undertake their missions. In the case of Niger and Mali, the Director of the Niger household survey programme and one other senior professional visited Mali in August 1992 to learn of Mali's experiences in undertaking their surveys. Mali had then entered the third phase of the implementation of their household survey programme while Niger was only at the first phase. The visit of the experts from Niger was useful in helping them to learn from their Malian counterparts the type of mechanisms that they had put in place such as the user-producer committee and how they had functioned, problems encountered in survey organization and how they had been overcome, etc.

26. The consultant also reviewed the place of NHSCP in the context of other global programmes of data collection using the household as the unit of inquiry. The programmes discussed were the World Fertility Survey (WFS), the Contraceptive Prevalence Survey (CPS), the Demographic and Health Survey (DHS), the Pan-Arab Programme for Child Development (PAPCHILD), the SDA and the LSMS. He concluded that while relations between NHSCP on one hand and WFS, DHS and PAPCHILD on the other, were very close and cordial with their programmes coordinated, no such collaboration existed with CPS. With LSMS and SDA, after an initial period of competition and mistrust, the Statistical Division and the World Bank have now reached a stage where they are collaborating closely at the global and national levels. There have recently been good examples of collaboration at the country level in Bolivia, Burkina Faso, Mali, Niger and Pakistan.

27. In assessing the overall achievements of NHSCP, the consultant listed completion of a large number of national surveys, the promotion of integrated household surveys programmes, the delivery of technical support services, the coordination between users and producers of household survey data as among its accomplishments. In other areas, like quality control, data processing, presentation, analysis and dissemination, although some progress had been made, there was scope for considerable improvement.

28. The consultant recommended that the functions now carried out by the CCU, the regional commissions and the specialized agencies under NHSCP should be continued in one form or another. He also examined three funding possibilities. The first possibility is based on firm or almost firm commitments already made in respect of the CCU and the regional commissions for 1992-93. The second is based on the first possibility together with specific formal arrangements being made with other agencies to call on their field teams to assist in areas within their mandates. The third possibility is a much more complex one. It assumes a realistic assessment of country needs in the household survey field and their implications for the staffing

strengths of the CCU, the regional commissions and the specialized agencies. It will then be necessary for the necessary resources to be mobilized by the United Nations. In his recommendation, the consultant proposed that in the immediate future the approach implied in the second possibility will be the best but at the same time, steps should be taken to initiate the actions described under the third possibility to ensure the long-term prospects for the Programme.

III. LIVING STANDARDS MEASUREMENT STUDY PROGRAMME

Activities since 1991

29. The LSMS experience continues to be highly productive. The data collected have proved to be of high quality and have become available within months of the completion of field operations. LSMS is well suited to generating data for both policy and research purposes on a variety of topics such as: the willingness of households to pay for education and health care and the distributional impact of increased user fees; the determinants of school attainment, of academic achievement (measured by test scores), of malnutrition, and of household savings behaviour; and more general work on poverty levels, inequality and characteristics of the poor. The extensive methodological work undertaken along with the analysis of the data are reported in the LSMS Working Papers. LSMS is recognized, both within and outside the Bank, as an effective instrument for policy analysis and programme design. The survey and data-processing strategies embodied in the LSMS programme are both cost-effective and appropriate to the conditions in countries in different regions of the world. The demand for LSMS-type surveys is increasing.

30. As seen in table 1, nine LSMS surveys have been completed, data collection is currently under way in two countries, and there are plans to begin LSMS surveys in several more countries. More recent LSMS surveys have been developed with more flexible administrative structures relative to the first surveys. LSMS projects in Pakistan and in Jamaica are good examples of these developments.

Table 1. LSMS surveys

I. Data now available	Country	Years of data collection
	Côte d'Ivoire*	1985, 1986, 1987, 1988
	Peru	1985-86, 1990, 1991
	Ghana*	1987-88, 1988-89
	Mauritania*	1988
	Bolivia	1988, 1989, 1990, 1991
	Jamaica	1988, 1989, 1990, 1991
	Venezuela	1991
	Morocco**	1991-92
	Pakistan	1991-92
II. Surveys implemented and data to be available in 1993	Country	Date in field
	Viet Nam	October 1992
	Nicaragua	November 1992
III. Future surveys (discussions in planning stage)	Costa Rica, Ecuador, Guatemala, Honduras, Laos, Nepal, Bangladesh, China	

* After the implementation of the initial LSMS survey, this country joined the SDA programme.

** Only part of the data are being analysed by the World Bank. The full data set is being analysed by the Moroccan Government.

31. The Pakistan Integrated Household Survey (PIHS), which was implemented by the Federal Bureau of Statistics, covers 4,800 households throughout Pakistan. The survey has a fully independent administrative structure, and is designed to complement the ongoing income/expenditure and labour force surveys, which are executed annually by the Federal Bureau of Statistics. Including initial analyses, the survey will cost approximately US$ 1 million, and is funded jointly by UNDP and USAID. It has been coordinated closely with the NHSCP in Pakistan, which focussed on improving the coverage and organization of the existing system of household surveys. A particularly innovative aspect of the PIHS was the use of female interviewers to collect information directly from female household members (as opposed to getting such information from the husbands or fathers of those women); preliminary analysis of the data indicate that previous data-collection efforts in Pakistan greatly underestimated the contribution of women to household living standards.

32. The Jamaica Survey of Living Conditions, implemented by the Statistical Institute of Jamaica, has been combined with quarterly rounds of the annual Labour Force Survey and typically covers a subset of 2,000 households. There is no independent administrative structure and no separate teams of interviewers. Only selected modules are included in the survey - core

demographic and expenditure modules, health, education, child nutrition, housing and infrastructure, and family planning. Because of the modest size of the questionnaire and as a result of coordination with ongoing surveys, the overall cost of the two-year project is only US$ 50,000. The survey was financed from the monitoring component of a World Bank structural adjustment loan. Each time the survey is implemented, one topic is emphasized so that very detailed data are collected on that topic. Recent areas of emphasis have been health (1989), education (1990), housing (1991) and poverty (1992).

33. The applicability of the LSMS approach-use of integrated multi-topic questionnaires, PC-based field-data entry systems, the use of data in an analytic and policy-oriented manner - in a variety of country situations with differing statistical capacities has demonstrated the flexibility of the programme in meeting national needs.

LSMS modification in the light of experience

34. Drawing upon the experience gained to date, the LSMS programme is now oriented towards meeting several goals: (a) promoting the LSMS approach in additional countries while ensuring that the programme objectives remain fully in line with national statistical priorities; (b) using the data generated in World Bank sector work and lending operations, particularly in the area of poverty alleviation; (c) strengthening national analytical capabilities by doing initial data analyses in the countries conducting the surveys; and (d) analysing the impact of specific government programmes by means of sophisticated data-collection and analysis strategies.

35. LSMS is increasingly working within existing national survey structures and focusing on modification of the overall national survey programmes to suit the particular needs of the country. For instance, in Morocco, because of the priority given by the government to improving adult literacy, expanded literacy and educational modules were added to the survey. In addition, the community questionnaire has been expanded to capture information on health and education facilities. At the request of the government, the survey included a full-fledged household consumption module, instead of the standard simplified household expenditure section in the basic LSMS questionnaire. In Pakistan the energy module was expanded to collect additional data to support an ongoing USAID-funded research project on the energy sector in Pakistan.

36. The LSMS approach has also been used as a tool for programme evaluation and monitoring. In Bolivia, LSMS-generated data has been used to evaluate the impact of the Emergency Social Fund (ESF). The evaluation results were taken into account in the design of follow-up projects funded under the ESF program. The Government of Jamaica, in collaboration with the Bank, used the results from the survey to prepare a report analysing Jamaica's food stamp programme and the assessment of the Human Resources Development Programme. Work is currently being done to better understand the impact of the Jamaican Safe Motherhood Initiative.

37. The Poverty Analysis and Policy Division in the World Bank has been

responsible for implementing, improving and analysing LSMS surveys. A major evaluation of the strengths and weaknesses of LSMS surveys, known informally as LSMS Phase III, has recently begun. This evaluation will focus on three areas: 1. How can the survey instruments and methodology be improved?; 2. How can the data generated be used more effectively to analyse the impact of government policies and programmes?; and 3. How can the World Bank help build more national capacity so that the number of countries conducting LSMS surveys can be increased?

IV. THE SOCIAL DIMENSIONS OF ADJUSTMENT PROGRAMME

Structure

38. The Commission will recall that the SDA included both a regional component and a country-level component. The regional component, based in Washington DC, was responsible for coordination, methodological research, project preparation and follow-up. The country-level activities consist of the country programmes themselves. Since the last report was made to the Statistical Commission, there has been evolution in both the regional and country-level programmes and changes in the organization of the programme. One main development has been the mainstreaming of the SDA within the World Bank. This was achieved through the creation of a new technical division, dealing exclusively with Social Policy and Poverty (AFTSP), within the Africa region. This division brought together the SDA, Food Security, and Women in Development, as the first regional division in the Bank to be working exclusively on poverty, and marked an important commitment by the Bank to tackling issues of social policy. In the area of statistics and information systems, the new division progressively built its resources and capabilities to provide ongoing support to participating SDA countries. It now contains the Bank's largest repository of statistical expertise in the Africa Region.

Regional level activities

39. Methodological work: During the earlier part of the programme, the SDA was heavily engaged in methodological development. The broad conceptual framework for the SDA was presented in a publication entitled Making Adjustment Work for the Poor. 7/ This provided the necessary economic rationale for the SDA, the empirical framework that countries need to develop, and a review of the major policy issues to be considered. A second document is a set of Analysis Plans 8/ designed to assist policy-makers, planners and analysts in studying the effects of adjustment on welfare. A third document provided guidelines on how to design and conduct a light survey for identifying potentially vulnerable population groups and for monitoring the evolution of social indicators within these groups. This survey has been given the generic name of the SDA Priority Survey (PS). 9/ A fourth document describes the SDA Integrated Survey 10/ which is closely modelled on the LSMS and which provides more information for analysing the linkages between macro-economic policies and social consequences at the household level. These documents have provided the methodological underpinning for the country SDA

programmes. They are not, however, intended to provide blueprint models that countries should be expected to apply in every detail. One interesting feature of the programme has been the diverse ways in which countries have designed and implemented their own SDA projects.

40. Although the focus of this document is on the statistical component of the SDA, it is worth highlighting the increasing emphasis on the need for qualitative data to complement the more traditional statistical surveys. Another document to be produced will be a set of guidelines for conducting Beneficiary Assessment using methodologies developed and used more usually by sociologists. The idea behind such assessments is to use case studies, in-depth community studies and participatory observation techniques to gain a deeper understanding of how the poor feel about the constraints that affect them and how they set about coping with them.

41. As far as future methodological work is concerned, the main emphasis is now on promoting methodological testing at the country level. It is intended that, as far as possible, ideas for methodological research should come from the countries themselves; however the following issues are also being proposed for consideration: the use of normative versus actual answers for collecting income and expenditure data, the use of different recall periods, the use of diaries for expenditure surveys. There is also an awareness of the need for more work to be done in developing socio-economic databases and advising on the setting up of systems that allow for easy updating and access to the data as well as for easy maintenance. Software for survey data processing is another important issue and, although the SDA would not be directly involved in the development of such software, it will establish and maintain contacts with those institutions that are.

42. Analytical work: The analytical challenge for the SDA is to establish the linkages between macro-economic policy, and welfare at the household level. Essentially, the bulk of the analysis is to be carried out at country level by national planners and policy-makers. There is an important regional studies component which comes under the regional SDA. In addition to the reports and studies produced at the country level by national institutions, the main outlet has been the SDA Working Paper Series. This series aims to disseminate in a quick and informal way the results and findings from the Project to policy makers in the countries and the international academic community as well as the staff of international agencies and donors associated with the project. At the time of writing 11 papers have been produced in the series. These include national poverty profiles as well as sectoral studies based on the approaches advocated in the SDA Analysis Plans. Consequently, in addition to their intrinsic interest, they are also of value as models for national analysts to draw upon.

43. Institutional development and training: The SDA has been fully conscious of the sometimes competent needs of producing information for policy makers as rapidly as possible, and of building up a national and sustainable capacity to produce such information using local skills. It has consequently placed considerable emphasis on institutional development and training. Programmes

dealing with institutional development in the statistical area - data gathering, processing and analysis, poverty assessments and analysis - are under implementation in all the participating countries. The SDA training-related activities have been carried out through: (a) regional courses, (b) national courses and (c) workshops.

Country operations

44. Since its inception, 30 countries have received or requested assistance to establish national SDA programmes, and of these, 20 now have ongoing programmes. Progress in the implementation of the individual country programmes is shown in table 2. Of the 24 countries, fieldwork is complete or ongoing in 16. At 1 September 1992, 13 basic reports were being drafted or had already been disseminated. Seven of these were on LSMS/Integrated Surveys and 6 on Priority Surveys. Additional analysis was being carried out on 7.

Table 2. SDA Survey Programme in Africa

Progress report

Country	Survey type	Status
Burkina Faso	PS(93)	Project start-up
Burundi	PS(93)	Project appraised
Cameroon	PS(93)	Ongoing
Central African Republic	PS(93)	Ongoing
Chad	PS(91)	Complete
Cote d'Ivoire	LSMS(85)(86)(87)(88): PS(92)	PS ongoing
Gambia	PS(92)	Complete
Ghana	LSMS(89)(90): IS(92)	IS ongoing
Guinea	PS(92): IS(93)	IS under preparation
Guinea-Bissau	PS(92)	Complete
Kenya	PS(92)	Ongoing
Madagascar	IS(92)	Ongoing
Malawi	IES(91): PS(93)	PS under preparation
Mali	PS(93)	Under preparation
Mauritania	LSMS(89)(90): PS(92)	PS ongoing
Mozambique	IES(91)	Ongoing
Niger	IES	Under preparation
Rwanda	PS(92)	Under preparation
Senegal	PS(92): IS(93)	IS under preparation
Uganda	IS(92)	Ongoing
United Republic of Tanzania	PS	Under preparation
Zaire	PS(91)	Rural survey complete
Zambia	PS(92)(93)	Second survey under preparation
Zimbabwe	PS(93)	Under preparation

45. The SDA has been instrumental in raising funds for statistical activities. In the four-year period since the first countries started to participate, $55.5 million has been earmarked for supporting national statistical offices. Some of these funds have come from the World Bank, but a greater share has come from multilateral and bilateral donors. These funds have provided an important source of support to statistical offices, not just to implement specific surveys, but to build up their data-collection, processing and analytical capabilities as a whole.

46. In addition to the formal surveys, qualitative Beneficiary Assessment methods are also being initiated in certain countries. This marrying of quantitative and qualitative approaches to poverty assessment started this year in the Central African Republic, Zambia and Mali, and is planned in Madagascar.

Implementation issues

47. The following section highlights some of the more important issues to be faced in setting up and implementing poverty monitoring systems in Africa.

48. Adaptability of methods: The SDA survey methodology has to be kept flexible and the prototype surveys are intended to be capable of being adapted to meet specific country requirements. Countries implementing both the IS and the PS have been encouraged to include an extensive review process with national users and to make such adaptations as they see fit, without jeopardizing the overall survey objectives. Chad and Guinea-Bissau are examples of countries that have made few alterations to the basic PS questionnaire but have added expanded expenditure modules. Senegal and Côte d'Ivoire are examples of countries that have made extensive adaptations. Ghana has done the same for the IS, by expanding the expenditure section so as to be able to satisfy other national information needs.

49. But there are of course trade-offs. Countries that chose to implement an IS or a PS without making many changes have been better placed to take advantage of the "off-the-shelf" SDA questionnaires, systems designs and tabulation plans. They have been able to move ahead with the implementation of their surveys faster than other countries where more substantive changes to the prototype designs have been proposed. But they have had to accept the rigidities entailed in using the unmodified prototype system. The advantages and disadvantages of adhering strictly to the prototype designs have to be carefully weighed by each country.

50. In-country coordination: One of the most difficult but central objectives of the SDA has been to improve coordination at the country level. As part of the supervision process, the regional SDA staff have tried to follow up closely on three coordination issues. Firstly, coordination between users and suppliers. The most prevalent instrument for this has been the establishment of national user/producer committees. Secondly, coordination between the different suppliers of statistics - particularly between the national statistical offices and line ministries such as ministries of health

and education. Thirdly, coordination between donors and national agencies so as to ensure that national statistical offices are not subject to excessive and sometimes conflicting demands from the agencies that support them.

51. Data-processing issues: This remains difficult for nearly all countries and is the cause of some of the longest delays. While some countries, such as Chad and Ghana, have experienced delays in the acquisition of materials (hardware and software), the main problems are in the training and retention of suitably qualified persons to design and implement the systems. Few software companies are willing to provide the sort of support and backup services that are really needed. Africa suffers from this reluctance. Many of the best programmers who are sent overseas for training leave public service to take up more remunerative employment in the private sector when they return.

52. Data-processing issues will continue to dominate the problems faced by national statistical offices. In the long term, solutions will need to be sought through a collaborative effort by donors to build and deepen national capacities in this rapidly evolving capability.

53. Moving from a survey programme to a social monitoring system: The development and implementation of a household survey programme is not considered by SDA an end in itself but a means to an end, which is to assist countries to address social issues in the design and implementation of national economic reform programmes. It is essential that the survey data are used and fed quickly into the national planning and policymaking process. The effectiveness of the survey instruments must eventually be judged on this basis. The development of a welfare monitoring system, which is the basic objective of the SDA statistical programme, is more than the implementation of a programme of household surveys. Under the SDA, the objective is not just to strengthen national institutional capabilities to collect data, but also to analyse it and disseminate it. Increasing emphasis is being given to these "downstream" elements of the overall monitoring system. The Kenya Household Welfare Monitoring system, for instance, which is being supported by the SDA, entails the strengthening of a unit within the Ministry of Planning which will have as part of its functions, the maintenance of a socio-economic database and the production of an annual report on social trends.

V. COORDINATION WITH OTHER AGENCIES AND DONORS

54. Managers of NHSCP, SDA and the LSMS attach great importance to the need for coordination with other agencies and programmes providing support to national statistical offices. All three programmes continue to work within the existing country survey structures and in close cooperation with the national statistical offices. In addition SDA and LSMS maintain close contacts with the planning and sector ministries who are the eventual users of the survey data. During the initial stage of involvement in a country, all three programmes routinely establish links with the local UNDP offices and representatives of other major donors. In countries where NHSCP is

operational, a collaborative and coordinated programme between LSMS/SDA and NHSCP is put together. In the Latin America and the Caribbean Region, LSMS maintains contact with ECLAC. In Africa, similar linkages have been established between the SDA and ECA. Joint LSMS-NHSCP missions have been carried out in Jamaica and Bolivia, and SDA-NHSCP missions have worked in Niger, Mali and Malawi. UNDP funding support for the Viet Nam, Morocco and Pakistan LSMS surveys represents an example of further collaboration. USAID is involved in the LSMS work in Bolivia and Pakistan.

55. The LSMS dissemination effort has resulted in the sharing of the LSMS experience with a widening set of interested parties. The dissemination programme is largely mounted through the LSMS Working Paper Series, seminars for Bank staff, LSMS presentations to technical and senior staff in LSMS countries, presentations at international conferences, and the publication of POVERTY LINES - a newsletter highlighting the policy relevance of LSMS-related findings. LSMS Working Papers and POVERTY LINES are routinely mailed to all agencies and national statistical offices working with LSMS.

56. Under the SDA, there has been a consistent and conscientious effort to strengthen coordination with partners outside the Bank. The main coordinating body for the programme has been the SDA Steering Committee, composed of donors and technical agencies with an interest in the SDA. The Committee has provided the programme with broad guidelines and directions. To facilitate the work of the Steering Committee, two technical subcommittees were formed to deal with specific technical issues. These were the SDA Statistics Subcommittee and the SDA Regional Training Programme Subcommittee. Originally consisting only of donors and such technical agencies as the ECA and the specialized agencies, membership of these subcommittees was later expanded to include representatives from the participating SDA countries. These subcommittees monitored and evaluated the respective components of the SDA and ensured reduced duplication of efforts and coordination of technical activities.

57. At the beginning of 1992, the first phase of the SDA was completed and the original tripartite arrangement between the World Bank, the UNDP, and the Africa Development Bank was terminated. The occasion was used to replace the SDA Steering Committee by a multi-agency Poverty and Social Policy Advisory Committee. This meets twice a year. At the time of writing, the committee has agreed to support a Project Completion Report that will conduct a full review of the SDA and make proposals for future initiatives.

58. NHSCP has continued to coordinate its activities with other programmes such as the Demographic and Health Survey (DHS) and with the Pan-Arab Project for Child Development (PAPCHILD). Its project formulation/redesign missions have also established contacts at the country level with various users, including the Ministries of Planning, Health, Education, Agriculture, Labour and Social Welfare.

59. The Programme Review Committee (PRC) was the main body responsible until the end of 1991 for policy and programme guidance for NHSCP. It comprised

senior representatives of UNDP, UNICEF, UNFPA, World Bank and the United Nations.

VI. CONCLUSIONS

60. World Bank commitment to poverty monitoring will continue to be an important policy priority, but there is concern that national statistical services do not become overloaded in the process. There is a need in almost every country to support a process of prioritization of statistical activities and the use of scarce statistical resources, so as to meet the most critical national information needs.

61. Drawing on the groundwork of the LSMS and the SDA, the Bank will stress the need to pay greater attention to matching the supply of statistical information to demand. This suggests that assistance in improving statistical systems should shift emphasis to improving the use to which statistical information is put. The demand-driven statistical system encourages wide interaction between: data users and producer; between the different suppliers of statistics, and between donor agencies supporting statistical programmes. In the context of poverty monitoring, both the LSMS and the SDA have devoted increasing attention to building capabilities to collect and to analyse data so as to ensure that maximum benefit is derived from these household survey programmes.

62. The Commission at its twenty-sixth session in 1991 attached the highest priority to finding ways of continuing essential support for NHSCP. At its seventh session in 1992, the Joint Conference of African Planners, Statisticians and Demographers also endorsed the Programme and described the regional component, the African Household Survey Capability Programme, as one of the best in Africa. It affirmed that the Programme had assisted them in creating sustainable household survey programmes which satisfy their own priorities and requirements. The conference recommended that the Programme should be continued.

63. As monitoring the attainment of social goals has been given considerable importance in recent years, NHSCP's role in providing data for monitoring assumes greater prominence. It is essential that all survey programmes be effectively coordinated both at the global and national level to ensure obtaining data for monitoring in a very cost-effective way.

Notes

1/ League of Arab States. PAPCHILD: The Arab Maternal and Child Health Survey. Guidelines for Data Analysis and Principal Report, Cairo 1991.

2/ United Nations. Assessing the Nutritional Status of Young Children through Household Surveys. United Nations, New York 1990.

Notes (continued)

3/ United Nations. Assessing the Nutritional Status of Young Children through Household Surveys. How to Weigh and Measure Children. United Nations, New York 1986.

4/ United Nations. Measuring Literacy Through Household Surveys. United Nations, New York 1989.

5/ United Nations. Household Energy Consumption Surveys in Developing Countries. United Nations, New York 1992.

6/ United Nations. Improving Statistics and Indicators of Women. Using Household Surveys. United Nations, New York 1988.

7/ World Bank. Making Adjustment Work for the Poor. SDA Unit. Africa Region. Washington, D.C. 1990.

8/ World Bank. Analysis Plans for Understanding the Social Dimensions of Adjustment. SDA Unit, Africa Region, Washington, D.C. 1990.

9/ World Bank (Grootaert and Marchant). The Social Dimensions of Adjustment Priority Survey. An Instrument for the Rapid Identification and Monitoring of Policy Target Groups. SDA Working Paper No. 12, Washington, D.C. 1991.

10/ World Bank (Delaine et al.). The SDA Integrated Survey: A Survey to Measure Poverty and Understand the Effects of Policy Change on Households. SDA Unit Working Paper No. 14, Washington, D.C. 1991.

UNITED
NATIONS

E

Economic and Social Council

Distr.
GENERAL

E/CN.3/1993/19
13 January 1993

ORIGINAL: ENGLISH

STATISTICAL COMMISSION
Twenty-seventh session
22 February-3 March 1993
Item 13 (b) and (c) of the provisional agenda*

TECHNICAL COOPERATION: NATIONAL HOUSEHOLD SURVEY CAPABILITY (NHSCP) PROGRAMME

SOCIAL DIMENSIONS OF ADJUSTMENT (SDA) PROGRAMME AND THE LIVING STANDARDS MEASUREMENT STUDY (LSMS)

Selected issues

Joint report of the Secretary-General and the World Bank

SUMMARY

This paper addresses differences and similarities between the National Household Survey Capability Programme (NHSCP), the Living Standards Measurement Study (LSMS) and the Social Dimensions of Adjustment Project (SDA). Brief history and characteristics of NHSCP, LSMS and SDA are detailed in Section II (paras. 2-8). Section III reviews differences and similarities between the three programmes. Differences discussed include those in objectives (paras. 10-13) and characteristics and methodology (paras. 14-20). Similarities include the publication of methodological documents and manuals by NHSCP and SDA (para. 21). The paper also outlines briefly in Section IV (paras. 22-27) a strategy for the future in which all three programmes are to be properly and effectively coordinated at the country level. There is in addition a proposal that countries should be encouraged to set up data archives or databases for the survey data which are becoming increasingly available (para. 27). Conclusions of the paper are set out in Section V (paras. 28-29) and proposed points for discussion are detailed in Section VI (para. 30).

* E/CN.3/1992/1.

93-02109 3791j (E) 020293 05/02/93

/...

CONTENTS

		Paragraphs	Page
I.	INTRODUCTION	1	3
II.	BRIEF HISTORY AND CHARACTERISTICS OF NHSCP, LSMS AND SDA	2 - 8	3
III.	DIFFERENCES AND SIMILARITIES BETWEEN NHSCP, LSMS AND SDA	9 - 21	5
IV.	A STRATEGY FOR THE FUTURE	22 - 27	8
V.	CONCLUSIONS	28 - 29	9
VI.	POINTS FOR DISCUSSION	30	10
Annex.	COORDINATION BETWEEN SDA AND NHSCP - THE CASE OF MALI		11

I. INTRODUCTION

1. At its fourteenth session, the Working Group on International Statistical Programmes and Coordination requested the Statistical Division of the United Nations Secretariat and the World Bank to prepare jointly two reports for the twenty-seventh session of the Statistical Commission. The first, document E/CN.3/1993/18, is a progress report on the National Household Survey Capability Programme (NHSCP), the Living Standards Measurement Study (LSMS) and the Social Dimensions of Adjustment (SDA) survey component. The second report addresses issues that separate or bring together these three programmes. Some of the more important issues are discussed in this paper and they range from objectives to scope and methodology.

II. BRIEF HISTORY AND CHARACTERISTICS OF NHSCP, LSMS AND SDA

2. The NHSCP was initiated in 1979 as a major collaborative effort of the entire United Nations family including other multilateral agencies and interested specialized agencies, particularly the ILO, FAO, WHO and UNESCO. It was co-sponsored by UNDP and the World Bank that provided seed money. UNDP, the World Bank, UNFPA and UNICEF contributed to the costs of the Central Coordinating Unit (CCU) and UNDP and UNFPA funded the regional teams while ILO provided full-time advisers and FAO part-time advisers to the regional teams. The objectives of the NHSCP are country specificity, wide choice of subjects to be investigated, flexibility in sequence and types of surveys, integrated approach, benefits of continuity, cost-effectiveness, generation of internationally comparable data and means of promoting technical cooperation.

3. The objectives of the programme were two-fold: first, to assist developing countries to collect, process, analyse and disseminate survey data on households and their members for use in policy formulation, planning, administration and research; and second, to establish durable statistical infrastructure in the household survey area. The first objective of data collection was to assist countries to have the type of household survey data they themselves have identified as requirements. This was to be done in a 4-5 year cycle with or without a core questionnaire/survey. The second objective of capability building implied countries being assisted to obtain the necessary skills and equipment for implementing every phase of the household survey programme. This implied training of staff in sample survey methodology and selection, data processing, data presentation and analysis and report writing. It also implied an assessment of hardware and software needs and the mobilization of necessary financial resources.

4. The NHSCP has now existed for about 13 years and has 50 countries participating in it (Africa (26), Europe (1), West Asia (4), Asia and the Pacific (7) and Latin America and the Caribbean (12)). There are many more countries interested in joining. Technical support services had been provided to countries by the CCU and by technical support units within the regional

commissions. Most of these countries have annual budgets for surveys, and have published a number of survey results, a few of them with unacceptable time lags. The overall achievements of NHSCP have been summarized in document E/CN.3/1993/18 and have also been critically reviewed by a consultant whose report is referred to in that document.

5. The LSMS was initiated by the World Bank in 1980. Its purpose was to promote the collection and analysis of household survey data as a policy tool in developing countries. In the early 1980s the work focused on two areas: (i) assessing the experiences of developing countries in implementing household surveys and using the results for policy purposes; and (ii) assessing what were the data needs for measuring the impact of various government policies on households' living standards, and the best way to collect that information by means of an integrated household survey. The end result of these efforts was a draft multi-topic questionnaire in 1984. The first surveys were conducted in Côte d'Ivoire, Peru, Ghana and Mauritania. In 1988, the next two countries to implement LSMS surveys, Bolivia and Jamaica, did so with a large number of changes in survey and questionnaire design. The Bolivia survey is now in its fifth year and is becoming a core part of the national statistical office's work. The Jamaica LSMS is linked to an existing Labour Force Survey. This allowed the survey to fit well in the institutional structure, but sacrificed several of the data quality assurance procedures that are a key distinction of the full-fledged LSMS. LSMS surveys have continued to be implemented in an increasing number of countries and modified to meet specific national policy needs. The most recent LSMS survey is one being implemented in Tanzania and designed specifically for measuring the impact of AIDS on Tanzanian households and for estimating the cost-effectiveness of various policies related to its prevention and management.

6. The SDA programme was launched in July 1987 by the UNDP Regional Programme for Africa, the African Development Bank, and the World Bank, with financial and technical support from such other multilateral and bilateral agencies as EEC, IFAD, Sweden, the United Kingdom of Great Britain and Northern Ireland, Switzerland, Norway, Canada and Austria. The objective is to strengthen the capacity of Governments in the sub-Saharan African region to integrate social dimensions in the design of their structural adjustment programmes. The programme consists of several components, namely, strengthening national planning capabilities, improving the design of social policies and projects, and building up appropriate information bases. The SDA statistical programme is consequently but one component of the overall programme, but is nevertheless critical to the overall objectives of the SDA. There are now 28 African countries that have SDA activities planned or ongoing and 15 of these are currently implementing Household Survey Programmes.

7. The design and content of SDA statistical programmes varies considerably from country to country. However, because of the heavy emphasis on the need to monitor welfare levels of different segments of the population, the programme almost invariably includes household surveys. At the time of its inception, the SDA took on a great deal of the LSMS methodology. An adapted

version of the LSMS, called the Integrated Survey (IS), was the main tool for capturing and studying the linkages between national socio-economic policies and their effects at the household level. As the SDA programme evolved, it developed additional tools, the most widely used being the much lighter and more easily applied Priority Survey (PS). This was developed with two objectives in mind: firstly, to provide a rapid means of identifying and describing poor and vulnerable groups; and secondly, when the PS is repeated over time, to serve as a monitoring instrument to measure changes in welfare of these different population groups. In recent years, the SDA has been exploring ways of combining household surveys with more qualitative and participatory assessment techniques to understand the social and economic constraints affecting the poor.

8. Relations between these programmes have at times been strained. There have been legitimate conceptual and methodological differences which have needed resolution, and there have also been rivalries. However, as the various programmes have developed these differences have been narrowed down and there are now good examples of collaborative country programmes. There have been joint LSMS/NHSCP missions to Jamaica and Bolivia, and joint SDA/NHSCP missions to Niger, Mali, and Malawi. The collaborative programme that has been formulated in Mali is a good example of coordinated support to a country from the NHSCP and the SDA, and is described in detail in the annex to this report.

III. DIFFERENCES AND SIMILARITIES BETWEEN NHSCP, LSMS AND SDA

9. There are a number of conceptual and methodological differences between NHSCP, LSMS and SDA. These include objectives, survey characteristics and methodology. A few of the more salient differences will be described but it is to be noted that as the programmes developed certain elements which were regarded as differences are no longer considered as being important and that differences do not necessarily imply incompatibility.

Objectives

10. The NHSCP focused on data production to meet a range of possible data requirements in the fields of policy formulation, planning, administration and research. At the same time it aimed at capability-building. The philosophy of the NHSCP has been to help countries build an "umbrella" data-collection and processing capability that can be applied to meet a number of different uses.

11. The LSMS, on the other hand, has grown out of the need to research the causal linkages between government policies and their impact on household welfare and is centered very strongly around the "LSMS survey", and the use of the survey to shed light on complex policy issues. There has been considerable investment in methodological research and the introduction of innovatory processes, and somewhat less focus on capacity-building than with the other programmes. However, as the survey has now been applied in an

increasingly diverse range of situations, so the local capacity to administer and use it has been steadily growing, as has been evidenced in Bolivia and Jamaica.

12. The SDA had a broader objective of establishing national hierarchical information systems to monitor the implementation of economic adjustment programmes at the macro level, their effects at the meso level on markets and socio-economic institutions and their impact at the micro level on household and individual welfare levels. An important objective of the SDA has therefore been to build up local capacity, not just to collect but to analyse and use data. The SDA has nevertheless also maintained the idea of having a household survey at the base of the monitoring system. It started with the LSMS questionnaire, which was subsequently modified to become the IS. As the project developed, however, the methodological base was expanded to include the PS. This "core" monitoring survey is intended to be carried out every year, compared with the IS, which is only expected to be implemented once in a four-five year period.

13. It can be seen that the three programmes have come from different starting points with different objectives and goals. However, all come together on the need to help countries produce high quality household survey data. The different ways in which they approach this task is described in the following section.

Survey characteristics and methodology

14. The NHSCP was conceived as a programme of uni-subject or multi-subject surveys covering a group of two or three closely related subjects. As indicated in the NHSCP Prospectus, 1/ the idea of a core questionnaire, comprising items of three main categories of variables: community level, household as a unit and household members and visitors, was also considered. However, this idea was not fully addressed in later years. Essentially, the NHSCP allowed countries to decide on the types of surveys they wanted to conduct and the sequence in which they wanted to carry them out. Guidance was provided on the state of the art and on adherence to international standards, but no prototype questionnaires were provided.

15. LSMS and SDA were focused much more on the idea of developing a survey (LSMS) or information system (SDA), with a specific demand in mind: welfare monitoring and the assessment of the impact of economic policies on standards of living. Considerable investment was consequently made in the development of prototype questionnaires and the drafting of recommended survey procedures for carrying them out. These are detailed in the various programme publications. Countries have, however, been given the flexibility to make such adaptations to the surveys and questionnaires as they felt necessary to conform to their needs and resources.

16. As implied in the previous paragraph, NHSCP tended to promote variable subject coverage and flexible methodology to meet national needs while the LSMS/SDA tended to promote greater uniformity through adherence to a specific

methodological approach. An important difference that emerged in the implementation of these programmes has been that the LSMS and SDA have encouraged the use of multi-subject survey instruments, whereas under the NHSCP the tendency has been to implement consecutive surveys with emphasis on a single subject such as labour force, health or household budget. The varying strategies have resulted from the respective substantive as well as methodological objectives of the two programmes.

17. There were other differences which emerged as the two programmes developed but which had no direct connection with conceptual or methodological differences. These include the use of individual enumerators by NHSCP and the use of teams of enumerators by LSMS and SDA, the use of large samples, usually derived from master sample designs, to provide national and subnational estimates of acceptable precision (NHSCP) and use of customized samples, to ensure adequate representation of specific poor and vulnerable population groups (LSMS/SDA). There are exceptions to the above general characterizations of both programmes.

18. Due to reasons of logistics and costs, NHSCP projects were generally formulated on the basis of one enumerator operating individually. Thus although one supervision area normally had one supervisor and about four enumerators, they did not operate together as a mobile team. The LSMS and SDA, on the other hand, made use of teams so that the work of the enumerators could be checked daily and errors and omissions corrected in the field. The latter approach, which was also used in the World Fertility Survey (WFS) and other survey programmes, reduces the level of errors in the collected data but may raise the cost of surveys. It also permits more flexibility in sample design. NHSCP had no objections to mobile teams operating in country surveys if the countries so desired and adequate funding was available. Similarly, a number of SDA surveys are being implemented without using mobile teams but relying on the existing permanent enumerator field force.

19. Without the CCU or the specialized agencies or the regional commissions prescribing the use of master samples, most of the countries participating in NHSCP found master samples a convenient and neat arrangement for implementing their survey programmes. The advantages of master samples include savings on costs of frame updating leading to cost-effectiveness, improvements in the quality of survey results and greater flexibility to respond quickly to data needs on a wide variety of topics. The limitations of master samples include the length of time they can be used without major revision or redesign and their flexibility to cover target population groups or to meet data needs in a wide variety of subjects. NHSCP project formulation teams had been criticized at the beginning for not clearly indicating to countries the pros and cons of master samples before they adopted that approach. Now the advantages and disadvantages are stated but still the majority of countries continue to select master samples. The SDA methodological documents, on the other hand, provide detailed recommendations on how to draw samples that will ensure adequate coverage of pre-specified socio-economic groups. Many of the other countries implementing SDA survey have followed this sample design. However, there are some where a master sample frame already exists and where this has been used instead.

20. The LSMS has made a feature of the use of decentralized data processing, and this approach has also been carried on by the SDA, which recommends decentralized data entry where possible but does not rule out the use of centralized data processing where that is the standard practice. By bringing data entry close to data collection, it is possible to make some corrections during the data-entry stage by referring errors back to the field. This should result in better quality data and more speedy processing. The NHSCP relied on the processing arrangements in place, mainly centralized data processing. But it did not rule out decentralized data processing. However, when the concept of direct data entry during enumeration was suggested, it did express caution pending the results of experiments in Latin America.

21. There are also several similarities between NHSCP, LSMS and SDA. All three programmes publish methodological documents and manuals. The SDA (surveys component) has the added advantage that, since it is part of an overall project, it sees the analytical uses made of its surveys more quickly than the NHSCP finds out what uses if any have been made of the surveys carried out under its auspices. All three programmes support improvements in data processing that are in line with technological developments. They also promote producer-user interactions in their different ways.

IV. A STRATEGY FOR THE FUTURE

22. The year 1992 has shown that collaboration between NHSCP and LSMS/SDA at the country level is not only possible but is also the best strategy to assist countries to address their data requirements for general or specific programmes. With regard to coordination between NHSCP and SDA in Africa, it is necessary for the organizations sponsoring the two programmes to encourage countries to develop their statistical capacity under the broad umbrella of the Addis Ababa Plan of Action: The Strategy for African Statistical Development. 2/ This plan presupposes that first the needs of each country will be ascertained and then help will be given to it. It envisages collaboration among the United Nations, specialized agencies, multilateral and bilateral agencies in their efforts to assist countries. In that context, it is possible to have a joint NHSCP-SDA sponsored programme of household surveys for the country. As shown in Mali and Burkina Faso, the PS, as amended by the country or a similar monitoring questionnaire, can be implemented in the country programme as an annual core survey within an NHSCP-type programme of surveys, as in Mali, or an overall statistical programme with technical and capacity-building support being provided through both the SDA and the NHSCP programmes.

23. Most of the methodological issues that have emerged in the development of the NHSCP, LSMS and SDA programmes are not necessarily part of the underlying philosophy of the programmes themselves and can be resolved at the country level, taking into account the resources available and the types of surveys to be conducted. Such issues include team vs. individual enumeration, master vs. customized samples, decentralized vs. centralized data processing etc. On the issue of questionnaire design, there is still much that can be learned from

the experiences of the respective programmes: whether it is more effective to provide prototype questionnaires or to leave the design to the discretion of the countries; whether to encourage multi-topic surveys or consecutive surveys with emphasis on a single subject; and whether to recommend limitations to the size and scope of the questionnaires, are all issues on which there have been differences of approach. However, the best way forward will be to encourage an open exchange and evaluation of experiences.

24. In spite of advances made in computer hardware and software, data processing continues to be one of the major bottlenecks to the early release of survey data. All three programmes can assist in this regard by pooling their resources together to improve support to developing countries. Adequate or almost adequate hardware and software are now available to most countries. What is lacking is the skilled manpower, and this issue should be addressed, not just by the three programmes under review, but by all concerned agencies, in a more coordinated manner.

25. As stated earlier, the three programmes have been producing methodological documents and manuals. This activity should continue and should be expanded to include documents specifically prepared for training workshops, possibly jointly administered.

26. A weak link in the chain between data production and use is analysis. Many countries have yet to develop a capacity for analysing in-depth the results of household surveys. It is important, therefore, for the three programmes to address the issue of in-country analytical capacity together and convene joint data-analysis workshops to strengthen this capability.

27. A related issue is the need to encourage countries to start thinking of the establishment of data archives or databases to assist in easy storage and retrieval of the data that is becoming available in countries. A data-dissemination policy at the national level is also required to grant easy access to bona fide users of data.

V. CONCLUSIONS

28. The United Nations commitment to assisting countries to produce household data of the type they require for their own policy formulation, planning, administration and research will continue. So will the World Bank's commitment to the strengthening of national economies and to poverty monitoring and alleviation. Both commitments can be combined at the national level to result in well conducted household surveys whose results will be analysed and disseminated early to assist all users in their work. Underpinning these three statistical programmes is an increased concern to build up national capacity to collect, process and analyse statistical data. The three initiatives should therefore be encouraged to continue with a strong recommendation that proper and effective coordination take place at the country level.

29. Each initiative requires financial support. It is hoped that multilateral and bilateral donors will continue to assist in the mobilization of resources for countries and assist in capability-building to reduce the need for outside expert assistance which cannot be expected to continue indefinitely.

VI. POINTS FOR DISCUSSION

30. The Commission may wish to comment on:

(a) How the three statistical programmes have evolved with different objectives but with similar, and often overlapping, activities;

(b) How the present paper has highlighted the differences of approach of the three programmes, with a view to assessing which are substantive and which are not;

(c) The fact that, while a number of the differences are inconsequential, some legitimate differences of approach may continue. These need not, however, be a barrier to the three programmes working closely together;

(d) The specific case of Mali, described in the annex, as well as other country cases, as examples of good cooperation between NHSCP and the SDA, working together to meet the country's needs;

(e) The future strategy of collaboration between NHSCP, LSMS and SDA both at the programme and country levels.

Notes

1/ United Nations, The National Household Survey Capability Programme Prospectus (New York, 1981).

2/ United Nations Economic Commission for Africa, Addis Ababa Plan of Action: The Strategy for African Statistical Development (Addis Ababa, 1992).

Annex

COORDINATION BETWEEN SDA AND NHSCP - THE CASE OF MALI

Duplication between survey programmes proposed by NHSCP and SDA and the necessity to establish consultation and coordination at the country level were the main conclusions of two independent missions, one from NHSCP in May 1991 and the other from SDA in October 1991. In addition to this similarity in diagnosis, the two missions recommended that every effort to strengthen coordination should be made at country level and in the field and not at the programme level. During a meeting held in Washington on 19 January 1992, this recommendation was adopted as a systematic method of consultation and coordination between NHSCP and SDA. As a result, it was then decided to undertake a joint NHSCP/SDA mission to Mali in February 1992.

Thanks to the goodwill of all the concerned parties (the Government of Mali, UNDP, NHSCP, World Bank, SDA), the joint mission underscored the existence of common development objectives and the complementarity between respective ongoing or planned interventions. The mission reached two main conclusions: (i) the formulation of a consolidated Programme Africaine de mise en place de Dispositifs d'Enquête sur les Ménages (PADEM/SDA programme, Phase 1, "Programme Consolidé PADEM/DSA pour l'établissement et le suivi d'un profil de la pauvreté au Mali") and (ii) the setting up of an efficient joint supervision and monitoring system. This helped to make optimal use of available resources and put an end to the unproductive arguments which characterized the SDA/NHSCP relationship in the past.

The commitment of both parties to this consultative process was supported by the complementary nature of the respective programmes. The elements of this complementarity are as follows:

(i) In the field of statistical information, PADEM/Mali has strongly contributed to the gathering of socio-economic data through an integrated household survey programme covering income and expenditure, labour force, informal sector and agriculture. This has helped in building a permanent survey taking capability which is now being strengthened in the field of data analysis and use by the operational experience and the technical know-how of the World Bank SDA Programme. This has proved to be most adequate in designing an integrated social information system, linking statistical data collection with its use;

(ii) In the technical field, the two programmes put together their respective experience and expertise in order to select and design the most appropriate survey techniques in the Malian context. This was particularly pertinent in designing a light and permanent household survey system to measure and monitor the living conditions of Malian households;

(iii) In the financial field, coordination allowed an increase of the cost/effectiveness ratio in terms of inputs and programme activities. It

prevented all types of duplication and resulted in rationalized programme activities and strengthened the coherence of the overall external support. The coordinated approach also encouraged other donors, such as the European Development Fund, in funding the programme activities;

(iv) In the institutional field, NHSCP/Mali has contributed since 1982 to the strengthening of capability, in the Direction National de la Statistique et de l'Informatique (DNSI) and other ministries, in the area of data collection and processing. Building on these capabilities, the consolidated programme established within the DNSI an analysis unit which will provide the Government with reliable statistical instruments for the formulation, evaluation and monitoring of its development policy and social programme;

(v) In the coordination field, the consolidated programme set up mechanisms for dialogue, consultation and exchange of information among the involved parties at the country level, especially among the DNSI, the Ministry of Planning and the representatives of international agencies. In addition, an SDA/NHSCP joint supervision committee was established at the international level (World Bank/United Nations) to ensure technical support, follow-up and implementation of the programme work plan.

This experience proved to be extremely useful and productive. It sets the ground for an efficient continuation of the activities based on more solid and constructive foundations. Accordingly, a joint SDA/NHSCP mission will take place in January 1993 in order to review and assess the outputs of the first phase of the "consolidated programme" and to negotiate the activities to be included in a second phase.